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PTO/SB/32 (04-05)
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REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) HO-P02086US1	
In re Application of James R. Lupski et al.			
Application Number 10/021,955		Filed December 13, 2001	
For DEFECTS IN PERIAXIN ASSOCIATED WITH MYELINOPATHIES			
Art Unit 1637		Examiner S. Chunduru	
<p>Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.</p> <p>The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,000.00</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 1,000.00</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 06-2375. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor. <u>Melissa L. Sistrunk</u> Signature</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <u>Melissa L. Sistrunk</u> Typed or printed name</p> <p><input type="checkbox"/> attorney or agent of record. Registration number _____ <u>October 24, 2005</u> Date</p> <p><input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>45,579</u> <u>(713) 651-3735</u> Telephone number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>			

Request for Oral Hearing Before BPAI	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 678178651US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: October 24, 2005	Signature: <u>Monica T. Owens</u> (Monica T. Owens)

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